

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|---------------|-----------------|
| FEE DETERMINATION | <i>ME</i> | | <i>10/20/00</i> |
| O.I.P.E. CLASSIFIER | | | <i>18/26</i> |
| FORMALITY REVIEW | <i>A M</i> | <i>SC 582</i> | <i>11-09-00</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|-----------------|
| Final Original | |
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| Claim | Date |
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| Final Original | |
| 51 | <i>5/13/02</i> |
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| Claim | Date |
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| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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